

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE JUL 31 2013	Name or number of rule(s): Title 23: Division of Medicaid, Part 202: Hospital Services, Chapter 1: Inpatient Services, Rules: 1.4.B.1 – 6, New Rules: 5.1-5.6		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: (1) Moved Rule: 1.4.B.1- 6 to a new Chapter 5: Hospital Procedures, with new Rules: 5.1-5.6 because listed procedures are not limited to the inpatient hospital setting. (2) The language "in an inpatient or outpatient hospital setting in accordance with current standards of medical practice" was added to Rules 5.1-5.4 and 5.6. The language "in an outpatient hospital setting in accordance with current standards of medical practice" was added to Rule 5.5; (3) Rule: 1.8: Sterilization was moved to Rule: 5.3, Hysterectomy was removed from the Rule title and clarified existing language to 5.3.A.4, B.3, C.1, C.2, C.3; (3) Added new Rule 5.6: Hysterectomy. (4) "Revised 10/01/2012" removed from Rules: 5.3 and 5.4 due to non-substantive grammatical change.

Specific legal authority authorizing the promulgation of rule: MS Code §§ 43-13-117, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: Part 202, Rules: 1.4.B.1 - 6, New Rules 5.1-5.6

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☒ Presently, an oral proceeding is not scheduled on this rule.

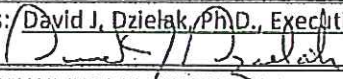
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify):	PROPOSED ACTION ON RULES Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): OCT 01 2013	FINAL ACTION ON RULES Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify):
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Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: 

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.